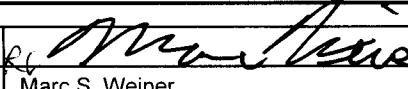


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEETRANSMITTAL For FY 2006		Application Number	10/809,323-Conf. #1240
		Filing Date	March 26, 2004
		First Named Inventor	Tomoyoshi MITSUMOTO
		Examiner Name	S. J. Lee
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1752
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No.	1110-0318P

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
	Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues)								
Each independent claim over 3 (including Reissues)								
Multiple dependent claims								
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims				
16	- 20 =	x	=	Fee (\$) Small Entity				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) Fee Paid (\$)				
4	- 4 =	x	=	_____				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)			
_____	- 100 =	/50 (round up to a whole number) x		_____	=	_____		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								

SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000
Name (Print/Type)	Marc S. Weiner			Date	November 6, 2006		